



County Borough of Reading

ANNUAL REPORT

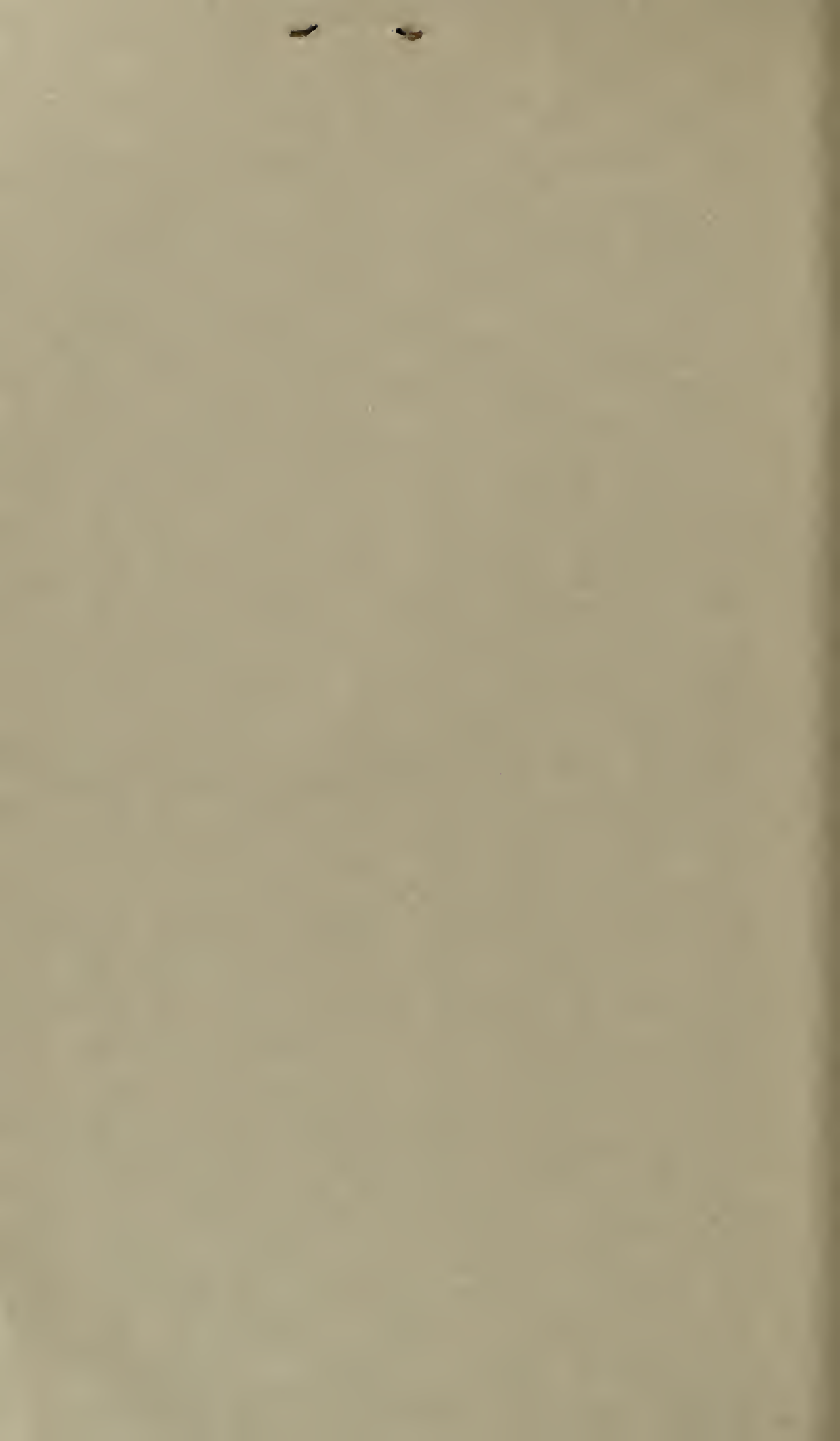
OF THE

Principal School Medical Officer

FOR THE YEAR

1965

ALEXANDER GATHERER, M.D., D.P.H., D.I.H.



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READING EDUCATION COMMITTEE

(as at 31st December, 1965)

HIS WORSHIP THE MAYOR (Alderman Alice Jeannette Burrows)

Aldermen:

EDITH ELLA LOVETT
EDITH MORRIS

EDWARD THOMAS WALTHAM

Councillors:

WILLIAM WYKEHAM EDWARD BADNALL
CHARLES EDWARD BUCK (Vice-Chairman)
DOUGLAS IVOR BUCKLEY
EDWARD ALBERT BUSBY
RONALD JAMES DAY
JOHN HOWARD JACKSON
JOHN REES PRICE

GEORGE FRANK ROBINSON
CHARLES FREDERICK SAGE
DAVID LEONARD STODDART
ALEXANDRIA GEORGIA ANDERSON STURROCK,
J.P. (Chairman)
FRANCIS TAYLOR
PETER HAROLD WATKINS

WILFRED JOHN WILD

Co-opted Members:

Dr. P. E. AXON, O.B.E.
The Reverend Father P. A. COLLINS
Dr. W. C. COSTIN, O.B.E., M.C., M.A.
Professor C. H. DOBINSON, M.A., B.SC.
The Reverend J. G. GRIMWADE, M.A.
Mr. P. E. HAWES, B.SC. (ENG.), M.I.MECH.E.

Miss M. B. HOBBS
Mrs. H. D. KAY, M.SC.
Mr. F. G. PHILLIPS
The Reverend A. MURRAY SMITH, B.A., PH.D.
Dr. S. SMITH, B.A., F.R. HIST.S.
The Vice-Chancellor, University of Reading,
Dr. H. R. PITT, F.R.S.

STAFF AT 31st DECEMBER, 1965

Principal School Medical Officer:

A. GATHERER, M.D., D.P.H., D.I.H. (Commenced 1.3.65)

Deputy Principal School Medical Officer:

G. V. GRIFFIN, M.B., B.S., D.P.H.

Senior School Medical Officer:

J. O. LLOYD-JONES, M.R.C.S., L.R.C.P., D.(OBST.)R.C.O.G., D.P.H. (from 1.6.65)

School Medical Officers:

M. F. H. BUSH, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.P.H.

B. D. COOPER, M.B., B.S., D.P.H. (Commenced 1.11.65)

ETHEL AMY FISHER, M.Sc., M.B., B.Ch., B.A.O., D.(OBST.) R.C.O.G.

VIOLET FRASER, M.B., B.S., M.R.C.S., L.R.C.P.

D. A. SCARISBRICK, M.B., B.S. (Commenced 16.12.65)

A. D. WEDDERSPOON, M.B., B.S. (Commenced 1.3.65)

Principal Dental Officer:

D. O. MALLAM, L.D.S., R.C.S.(ENG.) (commenced 1.4.65)

Dental Officers:

J. H. HARPER, B.D.S.(ED.)

Mrs. F. E. O'BRIEN, L.D.S., R.C.S.(ENG.), (Part-time), (commenced 16.11.65)

Superintendent Health Visitor and School Nurse:

Miss F. L. GATES, S.R.N., S.C.M., H.V. (commenced 1.5.65)

Group Advisers:

MISS E. FEW, S.R.N., S.C.M., H.V.

Miss T. ORPIN, S.R.N., S.C.M., H.V. (commenced 12.11.65)

Miss B. M. WHITE, S.R.N., S.C.M., H.V. (from 1.10.65)

School Nurses:

*Mrs. M. BEATTIE (Part-time) (commenced 1.9.65)

Mrs. E. MABEY

*Miss J. FIELD

Mrs. A. MASTERS (commenced 1.6.65)

*Miss M. GRANT

*Miss H. MORTIMER

Mrs. J. GRIFFIN (Part-time)

Mrs. B. NEVITT

*Miss S. C. HANSFORD

Mrs. I. NEWMAN (commenced 13.9.65)

*Miss P. HONEYBALL

Miss M. A. PLATT

*Miss M. HOWELL

Mrs. T. PORTER

*Miss S. JONES

*Miss J. SMITH

Mrs. M. KING

*Miss G. THOMAS

Mrs. J. LEWIS

*Miss J. WESTALL

*Miss J. WILLIAMSON

*Denotes combined Health Visiting & School Nursing duties

Speech Therapists:

Mrs. A. ELSBURY, L.C.S.T. (Senior) (Part-time)

Mrs. I. M. P. MARTIN, L.C.S.T.

Mrs. C. R. RICHARDS, L.C.S.T. (Part-time)

Oral Hygienist:

Mrs. V. TAYLOR

Physiotherapist:

Mrs. M. ANTSCHERL

Chiropractist:

Mrs. D. LOCKLEY

Clinic Assistants:

Mrs. D. BOXALL

Mrs. A. SMITH

Miss B. J. McMANUS

Senior Clerk:

Mr. N. A. MASKELL

READING SCHOOL HEALTH SERVICE

To the Chairman and Members of the Education Committee:

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the School Health Service for the year ended December 31st, 1965.

It is a strange fact that the more successful a preventive medical service becomes, the harder it is to maintain the necessary interest and enthusiasm for it. This is well demonstrated by some of the current attitudes to the School Health Service. Now that social and medical progress has removed most of the crippling burden of widespread disease and disability which saddled its early years, the School Health Service at last has the opportunity to fulfil its true preventive and promotional functions. Yet too often it is still considered to be based on a ritual system of routine inspections of predominately healthy children. Changes are being introduced, but usually disconnectedly and centred around a variety of modifications of the intermediate age group examinations. The tragedy is that the great need for a restatement in modern terms of the basic principles of the School Health Service is being ignored, thus allowing the unparalleled opportunities to be missed.

Ecology and School Health

A modern school health service, aiming at the promotion of the health and welfare of all school children, should be based on the fundamental concepts of human ecology, immediately justifying its existence in the inevitable repercussions on health which flow from the enforced interplay between child and artificial environment, between child and the all too rigid pattern of work. Approached from this point of view, the service is seen to best advantage as a school-based socio-medical team, which aims to adapt the environment and work load to the individual needs of children, and to help each child to obtain the maximum physical, emotional and educational benefit from his crucial school years.

The essential lesson of ecology is the relentlessness of the man/environment interrelationship. Any change in either has both immediate and remote effects on the other—usually trivial, often unnoticed, but occasionally dangerous. The school health team, closely involved in the educational field, yet linking in with other medical and social services, must be sensitive to these effects, must understand their significance, and must deploy their skills so as to modify or counteract them as necessary.

The School Health Service, therefore, should concentrate its efforts along three main channels—firstly, on *all* children, at periods of stress or special difficulty, such as entry to school, start of formal lessons, transfer to senior school, etc; secondly, on the early detection of those children who require extra help in adaptation or additional support because of handicaps; and thirdly, on the utilisation of every available educational and medical technique to prepare the school child for his adult life. Stoutly supported on these three pillars, the school health service today is strong enough to tackle its present challenge, unique in its way, of supporting and influencing a whole half generation at a time, and thus helping to create the healthy community of tomorrow.

Developments in Reading

During 1965, some progress has been made towards modifying our service in the light of my comments above. The emphasis of routine inspections has been altered,

so that more time is devoted to the entrant examination and to continuous links with teachers and parents. A meeting of head teachers towards the end of the year, at which they heard these expressions of my attitude to school health, revealed a very pleasing acceptance of my suggestions and it is to be hoped that despite staff changes and shortages the new system will be of some immediate help to them.

In the field of handicapped pupils, we continue to develop our advanced services for the deaf and partially hearing child. The experimental use of a loop induction system, so that a child can continue his education in a normal class, has proved a great success. Our aim must be to develop services for every type of handicap to the same degree of efficiency.

The proposal to set up a small unit for severely speech-handicapped children was agreed in September and the unit in fact opened with four children in January, 1966. An additional speech therapist joined the staff for this new development, the outcome of which we will await with interest.

The possibilities arising from co-ordinated planning and action between education and health were shown by the start of the Certificate Course in Family Care. Teachers and health visitors together run the course in two large secondary schools for girls. It is aimed at the girl who will usually be outside the C.S.E. range, and in both schools the emphasis is throughout to be on practical aspects of the subject. Initial results are most encouraging and much credit is due to the staff concerned. Is it too much to hope that similar courses, suited to the intelligence and interest of both boys and girls, will eventually be a universally accepted part of senior school education?

Research

Despite the daily pressures on the medical staff, some attention has been paid to the important subject of research. Dr. Fraser, continuing the department's interest in the reaction of young children on entry to school, looked closely at a small group of 28 pre-school children, all with hyperactive behaviour, and who appear to be beyond parental control. She concluded her study in the firm conviction that these children, the victims of the era into which they have been born, require nursery school or play group places where their surplus energies can be channelled into purposeful activities.

Dr. Fisher has begun a trial of personality assessment forms as a further stage in her study of children who have difficulty in settling into school. Dr. Griffin is looking at the advantages, if any, accruing from the 'at risk' register, now that the first children involved in this procedure are in their second year at school. The Reading Care Association has provided financial support for a study into the social and educational effects of asthma in the school child and Dr. Cooper has now started on the detailed work involved.

Staff

The death of Miss Webber, Superintendent Health Visitor, deprived the department of one of its most experienced and efficient officers; her interest and faith in health education in schools will long remain an inspiration to all colleagues who knew her.

Dr. J. O. Lloyd-Jones carried out the day to day responsibilities of the School Health Service for most of the year, and to such good effect that his resignation early in 1966 came as a sad blow; we wish him well on his return to general practice.

Acknowledgements

The progress achieved and the possibilities of further developments are due to the efforts of all members of staff, who realise that the continued support and co-operation from Mr. Thomas, Chief Education Officer, and his department is the best omen for the future. To him and to all members of the Education Committee, I should like to say how much we appreciate their interest.

A. GATHERER,
Principal School Medical Officer

**ESTIMATES OF THE NUMBERS OF CHILDREN OVER 5 YEARS AND
UNDER 15 YEARS OF AGE IN THE NEXT FIVE YEARS**

	Secondary			Junior			Infants			Totals		
	Second- ary 11 to 14 years	Increase or Decrease	Cumu- lative Increase or Decrease	Junior 7 to 10 years	Increase or Decrease	Cumu- lative Increase or Decrease	Infants 5 & 6 years	Increase or Decrease	Cumu- lative Increase or Decrease	Totals 5 to 14 years	Increase or Decrease	Cumu- lative Increase or Decrease
31st August, 1965	6,716	—	—	6,985	—	—	3,766	—	—	17,467	—	—
31st August, 1966	6,718	+2	+2	7,176	+191	+191	3,896	+130	+130	17,790	+323	+323
31st August, 1967	6,680	-38	-36	7,401	+225	+416	4,033	+137	+267	18,114	+324	+647
31st August, 1968	6,864	+184	+148	7,549	+148	+564	4,245	+212	+479	18,658	+544	+1,191
31st August, 1969	6,985	+121	+269	7,799	+250	+814	4,442	+197	+676	19,226	+568	+1,759
31st August, 1970	7,176	+191	+460	8,141	+342	+1,156	4,588	+146	+822	—19,905	+679	+2,438

These figures do not relate to any child over 14 years or under 5 years of age on the 31st August of the years shown.

SCHOOL CLINICS

Queen's Road Clinic

Special Examinations and Minor Ailments Monday and Friday, 9 a.m.-10 a.m.
 Chiropody Clinic . . . Friday, 10.30 a.m.

Whitley Clinic

Special Examinations and Minor Ailments Monday and Friday, 9 a.m.-10 a.m.

Ashmead School Clinic

Special Examinations and Minor Ailments Friday 2 p.m.-3 p.m.

Emmer Green School Clinic

Special Examinations and Minor Ailments Friday, 9 a.m.-10 a.m.

Geoffrey Field School Clinic

Special Examinations and Minor Ailments Wednesday, 9 a.m.-10 a.m.

Grovelands School Clinic

Special Examinations and Minor Ailments
 (for Battle School) . . . Monday, 9 a.m.- 10 a.m.
 Special Examinations and Minor Ailments Friday, 9 a.m.-10 a.m.

Caversham Park School Clinic

Special Examinations and Minor Ailments Wednesday, 9 a.m.-10 a.m.

Hugh Faringdon School Clinic

Special Examinations and Minor Ailments Thursday, 9 a.m.-10 a.m.

Kendrick School Clinic

Special Examinations and Minor Ailments Wednesday, 9 a.m.-10 a.m.

St. Michael's School Clinic

Special Examinations and Minor Ailments Wednesday, 9 a.m.-10 a.m.

Southcote Primary School Clinic

Special Examinations and Minor Ailments Tuesday, 9 a.m.-10 a.m.

Stoneham School Clinic

Special Examinations and Minor Ailments Tuesday, 9 a.m.-10 a.m.

Tilehurst Clinic

Special Examinations . . . By appointment

Westwood School Clinic

Special Examinations and Minor Ailments Monday, 9 a.m.-10 a.m.

Dental Clinics

Queen's Road Clinic Tilehurst Clinic Whitley Clinic

Speech Therapy Clinics

The Avenue School . . .	4 Sessions	Oxford Road School . . .	1 Session
Battle School	$\frac{1}{2}$ „	Queen's Road Clinic . . .	2 „
Caversham Nursery School . . .	1 „	St. Anne's School . . .	1 „
Caversham Park Primary School	1 „	St. Mary's School . . .	1 „
Caversham Primary School . . .	1 „	St. Michael's School . . .	$\frac{1}{2}$ „
Caversham St. John's School	1 „	Tilehurst Clinic . . .	1 „
English Martyrs' School . . .	$\frac{1}{2}$ „	Wakefield Lodge Junior	
George Palmer School . . .	1 „	Training Centre . . .	1 „
Grovelands Primary School . . .	1 „	Whitley Park School . . .	1 „
Manor School	1 „	Wilson School . . .	$\frac{1}{2}$ „
Newtown School	1 „	Home Visits . . .	1 „

MEDICAL INSPECTIONS

The School Doctors examined 5,350 children (26.9% of the school population) at periodic medical inspections during 1965. For the first time no child was found to have an “unsatisfactory physical condition” and confirmed observations of earlier years that this subjective assessment is an anachronism which is no longer relevant.

Routine examinations were carried out at 5 years of age in the second term at school, and intermediate examinations at 8 years and 11 years. The “leaver's” medical inspection was continued at the age of 14 years. 1965 was the last year in which all children were examined routinely at 8 years and 14 years as it is intended in 1966, to introduce the system of selective examinations. We look forward to the advantages which a more rational use of medical staff should provide.

Special testing of vision and hearing were continued in 1965.

Special Testing of Vision

Snellen Card Test Types and the Stycar method for children who are unable to read, were used as before. Children are referred to an Ophthalmologist or to an Optician if their distant vision is 6/9 6/9 or less. The following table shows the number tested and the number of defects discovered in 1965.

1965 Vision Sweep Nos.

	<i>Number tested</i>	<i>Number with defects</i>	<i>Number Referred</i>
7 years	1,626	149	53
8 years	1,311	113	33
9 years	1,598	147	40
13 years	1,453	159	36
TOTAL	5,988	568	162

The following table shows the total number of pupils found to require treatment for defective vision in the last 5 years.

	1961	1962	1963	1964	1965
Total No. of Special Tests	1,992	5,602	5,509	5,451	5,988
Children Referred	45	102	146	146	162
Total Number of Routine Medical Inspections	6,262	5,331	5,902	7,280	5,353
Number of children found to require treatment at these	318 (5.1%)	383 (7.2%)	279 (4.7%)	330 (4.5%)	292 (5.4%)
Total requiring treatment	363	485	425	476	454

Audiometric Survey of Children in Infant Schools

The Audiometric Survey was continued as in previous years and once again the failure rate remained remarkably constant in contrast to rather variable rates found in different Authorities. Experience in Reading is shown in the following table.

	1961	1962	1963	1964	1965
Percentage of children tested who failed the "sweep"	11.2%	9.7%	9.9%	11.0%	9.9%

Table to show the results of the Audiometric Survey in 1965

<i>Children Tested</i>	<i>First Tests and Entrants 5 yrs. old</i>	<i>Retests 6-7 yrs. old</i>	<i>Total</i>
Number Tested . . .	1,987	784	2,771
Number failing sweep test (i.e. No response at 25db. at any one frequency) . . .	196	75	
Per cent failing sweep test . . .	9.9%		

DISPOSAL

	<i>Entrants</i>	<i>Retests</i>
a. Treated or kept under observation by S.M.O. to be retested . . .	74	28
b. Referred to, or under treatment by G.P.	4	0
c. Referred to E.N.T. Surgeon or receiving treatment at R.B.H. . . .	68	31
d. Awaiting examination by S.M.O. (including D.N.A.)	22	3
e. Discharged on further examination	24	13

In addition, 17 children were tested at the Avenue School.

Two children tested in the Infant Screening were subsequently issued with hearing aids.

In view of the care that children with hearing defects receive in the Borough, a further extension of this work could be the testing of all children who move into the Borough after the age of 6 years. An experimental sweep was carried out in 1964. The results appear to confirm that an efficient 6-year sweep combined with testing entrants as suggested above, should make the regular testing of 10-11 year olds unnecessary.

By-law Medical Examinations—Children and Young Persons Act 1933

In 1965 the School Doctors examined 738 children to make sure that part time work out of school hours would not adversely affect their health or education. Two boys and one girl were found to be unfit.

HANDICAPPED CHILDREN

In order to meet the obligation of the Local Authority in ascertaining all those children in the area who have attained the age of two years and who may require special education, the "At Risk Register" and Handicapped Register have been continued as in previous years. The "At Risk Register" is described more fully in the Annual Report of the Medical Officer of Health.

Register of Handicapped Pre-School Children

The main function of the register is to keep in a readily available form, records of all pre-school children who may need special educational provision. This allows regular reviews of the children listed and permits assessment and plans to be made in good time.

There are at present 257 children on the Handicapped Register and the diagnostic classification is given below:—

Blind and Partially Sighted and		Notable Epilepsy	22
other notable eye defects	16	Congenital Heart Disease	36
Perceptive Hearing Loss	3	Orthopaedic Abnormalities	36
Conductive Hearing Loss	4	Other Abnormalities (metabolic	
Mongolism	13	Diseases, Speech Disorders, other	
Severe Subnormality	17	congenital abnormalities, etc.)	75
Mental Subnormality	45		
Cerebral Palsy	17	Total	284

N.B. The total is greater than 257 because of multiple handicaps.

Handicapped Pupils

The Handicapped Pupils and Special Schools Regulations 1959 and 1962 give a classification of the school children who require special educational help. Below is a series of reports about the children from the Borough, and about the special services provided for them.

Blind Pupils

"Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight".

There are three blind pupils. There is one girl aged 14 at Condoover Hall and there are two boys aged 11 and 7 at Dorton House.

Partially Sighted Pupils

"Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their educational development, but can be educated by special methods involving the use of sight".

There are 8 partially sighted pupils. Two girls continue at Exhall Grange. A girl of 15 and a girl of 6 remain at the Barclay School, Sunningdale. The fifth girl, who has asthma, is still at the West of England School at Exeter.

There are 3 boys at Blatchington Court, Seaford. One boy was transferred from a school for the partially sighted to Dalton House during the year.

Deaf Pupils

"Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language".

Partially Hearing Pupils

"Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils".

Mr. J. O. Wells, Organising Teacher of the Deaf, reports:—

Pre-School Children

Eighty-two children were tested in their homes by the Organising Teacher. Most of these had been referred at 2½ years old by the Health Visitors because of the lack of speech development. Other sources of referral were the Welfare Clinic doctors and Nursery School Supervisors. Again no cases of severe deafness were found though cases with some conductive loss were discovered and referred to the Clinic doctor.

The importance of testing at home, where the child and mother are at ease in familiar surroundings, can be seen from the fact that half an hour is usually sufficient to test the child, fill in a questionnaire and advise mother how she can help speech to develop normally. A follow-up visit is usually arranged for 3-6 months later to check that the advice is having effect. About 5% of all cases need referring to the Senior Speech Therapist.

Pre-School Children needing Special Education

There are two pre-school children attending Newtown Nursery:—

E.C. aged 4½ years with bilateral asymmetric perceptive deafness, and

M.B. aged 2 years with congenital bilateral asymmetric deafness who attends two mornings a week only.

Three pre-school children are awaiting admission to Newtown Nursery.

P.W. aged $4\frac{1}{2}$ years with bilateral persistent conductive deafness whose entry has been deferred to allow a chronically discharging ear to clear.

D.C. aged 3 years with bilateral perceptive deafness.

M.W. aged 4 years with severe deafness in one ear and intermittent conductive loss in the other is awaiting transfer from a Nursery School.

School Children

For the first time within recent years our staff has remained stable and the benefit of this has shown itself in the improvement in the standard of work of the children. We hope this will continue. We were visited for three days in November by Her Majesty's Inspector and a Medical Officer from the Department of Education, who were carrying out a survey of the work of Units.

There were no admissions to the Newtown Unit in 1965, but J.C. aged 5 years with Treacher-Collins syndrome was admitted to the reception class of the normal school.

Two cases of significant perceptive deafness have been discovered by the audiometric survey of 5 year olds. One of these has been fitted with a hearing aid, and the progress of both at school is under close survey. These are the type of children it is hoped will be transferred to Newtown in the future, in order that retardation in the basic skills will be avoided.

A total of 84 children attending schools in the Borough have been issued with hearing aids. 32 are unit or ex-unit children, and of the remainder, 41 wear their aids regularly. Eleven children do not wear their aids for various reasons. In some cases, deafness is conductive and variable, and the aid is only used when necessary. Others have so much hearing that the value of an aid is marginal and when ambient noise and reverberation are taken into consideration the aid is more handicap than help.

Six children were issued with hearing aids during the year. Sources of referral were:—Health Visitor Survey 1964 (2), Audiology Unit of the R.B.H. (2), Risk Register Survey 1964 (1), School Audiometric Survey (1).

The 41 children wearing hearing aids and working in normal schools are visited regularly and a check is made to see that their progress is consistent with their ability. One child was transferred to the unit because of unsatisfactory progress.

One hundred and twenty-five children with slight or unilateral deafness are seated advantageously in class and their teachers informed of their disability.

At Easter an immigrant newcomer to Reading, L.W., entered the George Palmer Unit and has since been transferred to a normal class benefitting from a loop induction system.

This loop system was introduced experimentally last year and has proved a great success, showing that ambient noise and reverberation are critical factors for partially hearing children working in normal classes. There are now 10 Linco Auditory Training Units fitted with breast harness microphones being used by children in normal classes; two have drive loops, one a portable loop and the rest are used with headsets.

A week's visit to Ventnor by the Junior and Secondary children was extremely successful. Not only did it offer many useful opportunities for the presentation of new language and stimulated the desire for communication, but it also enabled the teachers to form relationships with several of the more unresponsive children, whose work since that time has shown a striking improvement. The visit was also valuable in that it provided useful experience to the teachers in planning a visit to Norway in 1966. A number of day visits have also been undertaken by all the units.

Great interest has been shown in the organisation and working of the units by visiting teachers of the deaf and backward children. Overseas visitors have come from Sweden, America, Australia and Uganda and have included Medical Officers, Teachers and Research Students.

School Leavers

All leavers from previous years are still working well in their original jobs. Two girls have recently been promoted in their respective firms.

Of the children who have left during the year, one has entered the British Railways Drawing Office, one is a clerk in a printer's warehouse, and a third is continuing her education at the Maurice School of Hairdressing.

Future Plans

For some time we have been concerned that because of pressure on the Nursery Infant Unit and its necessary use as a diagnostic unit, we have not been able to give pre-school children the special help they require. Next year we hope to create a separate fully equipped Nursery Unit with teacher and nursery assistant.

As the Units have proved their success with Partially Hearing children, we have accepted those who are profoundly deaf. Next year, two of these will require full time education at Secondary level. We are hoping to expand the Cintra Unit, which has been working to date on a tutorial basis, in order to give full time special education to those children who require it.

The Ear, Nose and Throat Department of the Royal Berkshire Hospital have requested the services of a qualified teacher of the deaf. This will enable the Hospital to give instruction in the use of hearing aids issued to deafened adults, in lip-reading and in auditory rehabilitation. It is hoped to make an appointment jointly by Reading Education Committee and Reading and District Hospital Management Committee in 1966.

Children in Special Schools

Two children remain at residential schools, one is at Woodford School in Essex and the other is at Nutfield Priory. A third child is on the waiting list for a place at a residential school.

Educationally Subnormal Pupils

"Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools".

One hundred and seventy-five pupils were classified as educationally subnormal at the end of the year. 111 boys and 39 girls attended the day special school, and 3 boys and 1 girl were being educated at residential E.S.N. schools. The waiting list for admission to the day special school showed an increase over last year. At the end of 1965 there were 11 boys and 9 girls on the waiting list for the Avenue School as opposed to a total of 11 children at the end of 1964. One boy was awaiting admission to Residential School.

The increase noted in 1964 in the number of pupils who were ascertained as requiring special educational treatment was not sustained. Nevertheless, the total number of children who were recommended for special schooling showed an increase over earlier years. The ascertainment consists of a full assessment including full medical examination, psychometric tests and a comprehensive investigation of the social background. The following table lists the recommendations made:—

	<i>Boys</i>	<i>Girls</i>
Recommended for Day Special School	20	15
Recommended for Residential Special School	2	0
Recommended for Remedial Teaching at Ordinary School	5	1
Reported to the L.H.A. under Section 57 of the Education Act as being incapable of benefiting from education at school	0	1

The need to discover E.S.N. children as early as possible in their school life is now widely recognised. Early discovery and appropriate educational treatment can undoubtedly play an important part in preventing social failure and the accompanying difficulties. The Handicapped Register has been useful in directing attention before school entry to the lower strata of E.S.N. children. This enables the ascertainment to be made in the most handicapped children in their first year of school.

Epileptic Pupils

"Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils".

Many children have fits at some time during their childhood, but few of them have persistent attacks. Of those who do, the vast majority are treated successfully with modern drug therapy. Most children with epilepsy are educated in the normal way at ordinary schools, many achieve grammar school places. However, a somewhat higher proportion of children who are unsuitable for education because of severe mental subnormality, also suffer from epileptic attacks which are more difficult to control.

Only four children are classified as epileptic pupils in Reading. Three children attend the Special Day School and a boy attends Lingfield Hospital School. A girl who had previously been attending Lingfield for a prolonged trial was last year deemed unsuitable for education and was transferred to the Junior Training Centre.

Maladjusted Pupils

"Pupils who show evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social or educational adjustment".

Dr. Ward, Consultant Psychiatrist, reports:—

The general trend of the Child Guidance Service in 1965 has been towards further development in the community, family case work and preventive services. The appointment of Miss Ewart as Psychiatric Social Worker to the clinic in October, 1964, has been a great asset to the clinic service and a stimulus to closer liaison with other case workers concerned in helping families under stress, in particular the Children's Department and Health Visitors. When it is known that a number of Welfare Agencies are concerned with a family, conferences are held to correlate the help offered and prevent overlapping and annoyance by too many case workers visiting at the same time. We are grateful for the co-operation of the Children's Department in convening a number of these conferences.

There has been an increase of nearly 50% in the total number of cases referred during the year. The most significant increase has been in the number of cases referred by the Educational Psychologist from the School Psychological Service. Preliminary investigation by the Educational Psychologist and Psychiatric Social

Workers show that approximately 50% of these cases are emotionally disturbed and require full assessment at the Child Guidance Clinic. It is hoped to develop a closer liaison in the coming year with the remedial work which is being expanded by the Educational Psychologist and his colleagues.

A slight decrease in the total number of cases and treatment interviews arises from the transfer of Dr. O'Gorman and his colleagues from the Child Guidance Clinic to the Hospital Child Psychiatric Clinic at the Royal Berkshire Hospital in February, 1964.

There has been some increase in the waiting time before children referred can be seen for full assessment by the clinic team but this is not serious. At the Psychiatrist's request, the Psychiatric Social Worker visits all new cases referred as soon as possible, so the parents know the child's case is receiving attention and from preliminary information obtained, it is possible to give priority to the most urgent cases for full investigation.

Child Guidance Hostels

We were very sorry that the Child Guidance Hostel at 2 St. Peter's Hill, Caversham, had to be closed down temporarily in July 1965, when Mrs. Pick resigned to join her husband who was appointed to the Home Office Inspectorate in August, 1964. Mr. and Mrs. Pick ran this Hostel for 16 years; their skilled and devoted service was very much appreciated both by the clinic staff and the large number of children and parents they were able to help during the period. Their farewell reunion party and service at St. Peter's Church was a further tribute to the success of their work. During the last year Mr. Kissi, a teacher from Ghana, joined the staff as Deputy and was a great help to Mrs. Pick and the children. The post of Warden and Matron has been advertised and it is hoped it will be possible to reopen the hostel shortly.

Mockbeggar Hostel has been running to full capacity most of this year, in spite of the chronic difficulty in getting a residential Assistant. Mr. and Mrs. Dempster have provided a secure, stable and understanding environment in which a number of severely disturbed and difficult children have been helped to a better adjustment to family and school. The clinic staff select children for hostel treatment, and visit the hostel regularly to supervise progress and advise staff. The Psychiatric Social Worker visits the children's homes to help the parents. Supportive work and supervision is continued after the child is discharged home, mainly through the psychiatric social worker, but more time is needed for this important after care work.

Training

The Psychiatric Social Worker has supervised Social Work students from Barnet House, Oxford, Edinburgh University and the General Course in Social Work, High Wycombe. These students have worked in the Child Guidance Clinic and hostels as well as the School Psychological Service and plans are on hand for further training programmes during 1966/67.

The staff have been pleased to welcome doctors from the hospital and School Medical Service who have visited for information about the Child Guidance Service and to discuss individual cases.

Report for the year ending 31.12.65

All children seen at Reading Borough Clinic 1.1.65 to 31.12.65

No. of cases brought forward from 31.12.64	.	113
No. of new cases referred	.	72
No. of cases re-opened during the period	.	3
Total No. of cases seen for consultation and treatment		131

No. of cases closed:

After consultation and advice only	.	.	.	12
Improved	.	.	.	14
No change	.	.	.	2
Prematurely closed:				
Lack of co-operation	.	.	.	1
Left district	.	.	.	5
Committed to Approved School	.	.	.	5
After consultation and social work	.	.	.	1
Not seen at the clinic, social work only	.	.	.	8
Social supervision	.	.	.	3

No. of Interviews:—

For Psychiatric examination	.	.	.	56
For Intelligence assessment	.	.	.	50
For Treatment	.	.	.	293

No. of P.S.W. interviews:—

Clinic Interviews	.	.	.	225
Home Visits	.	.	.	332
Interviews—School and hostels	.	.	.	99
Interviews with other Social Agencies	.	.	.	136

Student Training Sessions, from 1 7.65 . . . 29

No. of children admitted to hostels for maladjusted children 6

No. of children discharged from hostels for maladjusted children . . . 5

No. of children in hostels on 31.12.65 . . . 7

Source of referral, Child Guidance Clinic, 1.1.65 - 31.12.65

School Medical Officers	.	.	.	19
General Practitioner	.	.	.	18
Hospitals and other Psychiatric clinics	.	.	.	6
Chief Education Officer	.	.	.	3
Educational Psychologist	.	.	.	14
Children's Officer	.	.	.	7
Probation Officer	.	.	.	3
Juvenile Court	.	.	.	2
				—
				72
				—

Physically Handicapped Pupils

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated in the normal regime of ordinary schools”.

Thirty-five physically handicapped children attended the Avenue Day Special School. We were fortunate again in having frequent visits from Mr. C. M. Squire, F.R.C.S., Consultant Orthopaedic Surgeon, who came regularly throughout the year to assess children and to advise on physiotherapy. This arrangement allows combined

planning of surgical¹ treatment, special teaching, physiotherapy and provision of aids and appliances.

This table gives a diagnostic classification of the 35 children:

Cerebral palsy	22	Achondroplasia	1
Polioomyelitis	3	Osteogenesis Imperfecta	1
Congenital Heart Disease	3	Muscular dystrophy	1
Dermatomyositis	1	Post Cerebral Tumour	1
		Others	3
		Total	35

One boy with congenital heart disease died following cardiac surgery in 1965.

Two boys were transferred at the end of the year to an independent school in the area, which provides a grammar-school education. One boy and one girl attend boarding schools for physically handicapped children.

Pupils Suffering from Speech Defects

"Pupils who on account of defect or lack of speech not due to deafness require special educational treatment".

One boy attends John Horniman School at Worthing.

One girl who had attended that school for two years was transferred in 1965 to our Junior Partially Hearing Unit, where she has settled down and is progressing very well.

Mrs. Elsbury, Senior Speech Therapist, reports:

Speech Defects 1965

307 children were on the register in 1965—235 boys and 72 girls

202 cases of dyslalia

8 cases of dyslalia due to hearing loss

52 cases of retarded speech development

27 cases of stammering

3 cases of stammering plus dyslalia

7 cases of cerebral palsy

6 cases of cleft palate

1 case of dysarthria

1 case of supra-bulbar palsy

61 discharged cured or greatly improved

4 discharged for non-attendance

17 left school before treatment was completed

2 discharged after making no progress

223 continued into 1966

Clinics were held at the Queen's Road and Tilehurst centres and at The Avenue, Battle, Caversham Nursery, Caversham Primary, Caversham St. John's, English Martyrs, George Palmer, Manor, Newtown, Oxford Road, St. Anne's, St. Michael's, Whitley Park and Wilson Schools and at Wakefield Lodge. A certain amount of school and home visiting was undertaken.

The prevailing difficulty in the Speech Therapy department during 1965 has been the continuing staff shortage. The staff remained the same throughout the year—namely one full-time and two part-time therapists. Although we were unable to deal with all the demands for treatment made upon us, we have nevertheless managed to work harmoniously and efficiently and are continuing to increase and improve our relationships with others concerned in similar work in the district. Regular meetings with speech therapists from Berkshire, Slough and the Royal Berkshire Hospital have been initiated and are proving to be most interesting and beneficial.

Visits to the pre-school children with severe speech defects are continuing. These are an invaluable aid to the detection of children with considerable speech handicaps who would benefit from early speech therapy and who otherwise may not come within the notice of a speech therapist before starting school.

1966 promises to be a very exciting year for the department. Our new speech unit opens at E.P. Collier School in January, commencing with four severely speech defective children. They will receive daily treatment from a newly appointed full-time therapist and will also benefit from being in small classes and therefore able to receive more individual attention from their teachers. This is being done very much on an experimental basis and it should be interesting to be able to write of the results in next year's report.

Delicate Pupils

"Pupils not falling under any other category, who by reason of impaired physical condition need a change of environment and cannot without risk to their health or educational development, be educated under the normal regime of ordinary schools".

Ten boys and fourteen girls attended the Delicate Department of the Avenue Day Special School. The biggest single category comprises children with asthma or chronic respiratory disease.

Ten children (5 boys and 5 girls) attended residential schools for delicate pupils. Eight of these children have asthma.

The Avenue School

Mr. W. A. Goodworth, Headmaster, reports:—

In the conclusion of the 1964 report, I referred to the two new buildings which are to be erected at the school. The nursery unit extension to the physically handicapped department which will include a heated swimming pool, hydrotherapy pool and improved physiotherapy facilities has created a great deal of interest. The building of this unit has received considerable publicity in the town and I think most people are aware that it is nearing completion.

I hope that it will be possible to take the first group of children after the Easter holiday. They will mainly be drawn from the 1961 age group and will include one athetoid, three hemiplegics, two diplegics, two children with thalidomide deformities and one boy with arthrogryphosis. Visits have been made during the last few months to see these children at home or in hospital by myself and Mrs. Hancock who is to be the teacher of the first group admitted.

There will no doubt be very much to learn as we go along but I anticipate that eventually the nursery unit in the school will provide the logical follow-on from the work which is being done by Miss Diamond and her staff in the C.P. unit at Battle Hospital. Already there is a good co-operation between us and I am sure that as time goes on this co-operation will be even closer.

It is intended that daily attendance at the nursery unit will be bound by no hard and fast rules, but that children will be admitted as and when they are able to benefit from the social environment. There is no doubt that the provision of these facilities at such a vitally important stage in the children's development will do much to enable them in later years to progress further than similar children in past years.

Consideration of future educational placement will be made at such time as it is felt that the child has matured and progressed physically, mentally and socially, and the age at which this should be done will obviously vary with each individual child. It may well be that some children will be able, providing they are intellectually qualified, to transfer to normal school. For some, progress to the normal classes of the physically handicapped department will be correct. Possibly one or two children may prove to be of training centre level, but I feel confident that each will be capable, because of nursery schooling, of higher levels than would otherwise have been possible.

One does not always have the opportunity of being on the site whilst such a building is being put up, and it has been most illuminating for all of us at the Avenue School to see how this very fine building has been constructed. The site was a most difficult one, being on the steep slope of the Basingstoke Road to the South of Whitley, and in order to keep the level with the existing physically handicapped department the new unit is virtually built on stilts. Mr. C. F. Taylor, who has been responsible for the supervision of the building programme, is justifiably proud of the high standard of craftsmanship in the building and particularly of the fact that the swimming pool, measuring twenty feet by forty feet, is completely suspended above ground level.

Many expressions of thanks will no doubt be made in due course to those who have given so generously or worked so hard on money raising efforts, but I feel sure that their greatest satisfaction will be in seeing the children happily installed.

A most satisfactory step forward has been achieved this year in the endeavours of the School Medical Officers to ascertain at an early age those children who are most likely to benefit from special schooling. Of the present waiting list of twenty children for the E.S.N. department, three-quarters are aged eight or under. The benefits to these children and the schools which they have been attending are obvious. I shall do everything I can to see that as many of these youngsters as possible can come into school this year and so maintain a smooth flow as ascertainment proceeds. It may well be that a few of these children, notably the weak, excessively timid or withdrawn, would be as well placed in the youngest class of physically handicapped and delicate children. The time has come at which I feel consideration must be given to the fact that the average level of I.Q. amongst the physically handicapped and delicate children is becoming lower. At least half the children who officially are labelled under these headings have the additional handicap of being E.S.N. It may well be, therefore, that with the close consultation that operates between the school Medical Officers and myself, careful selection could be made from the waiting list for the school, and without prejudice to the physically handicapped children, enable some of the vacant places in the school to be used.

A very pleasant aspect of interprofessional co-operation for the benefit of these children has been the interest shown by the Dental Officer and his staff. A full inspection of all children in the school has taken place and a very considerable number of children have been taken, in our own school bus, for treatment at Whitley Clinic. It has in the past often proved very difficult to get the children from certain families to go for treatment, usually due to the reluctance of parents either to co-operate or bother themselves. The system which has now developed is doing a great deal to overcome these difficulties. Even though we at school are undertaking much more responsibility in getting children to appointments and thereby might encourage one or two parents to be lazy or shelve their own responsibilities in this respect, nevertheless the benefit to a considerable number of children makes the effort well worthwhile.

I can safely say about my first full year as Headmaster that I am well pleased with the growth of co-operation and liaison between the educational, medical and social welfare services concerned with the 200 children attending the Avenue School. This bodes well for the future developments which we all eagerly await and hope to see in operation in the next eighteen months, i.e. the new nursery wing and the new school to be built in the present grounds and gardens. It is to be hoped that the rumble of bulldozers will be heard in April this year. The period of building is no doubt going to be a difficult one for all of us. Nevertheless, when the new school is completed, some sixty years after the Reading Authority built its Special School, I am certain that the Avenue School will be well to the forefront of Special Education.

Physiotherapy

Mrs. M. Antscherl, physiotherapist at the Avenue School, reports:—

Much debate has taken place on the value of physiotherapy for the handicapped child, including the child suffering from cerebral palsy. It is difficult to evaluate the true situation as with time and growing up, some improvements take place anyway. One can look back to the not too distant past and review the result of untreated cases; no doubt many of these could have been better rehabilitated. The very fact that disuse itself can lead to crippling disability makes therapy a worthwhile application.

Over the past six years at the Avenue School it has been my privilege to help the physically and often mentally handicapped to become as functionally useful as possible, and physically stronger than he or she would have been, without such help. The fact that all this is incorporated in a co-ordinated framework of education, medical, and surgical help, often gives a child the lifeline it needs to fit into a suitable niche when school leaving age is reached. For the parents of afflicted children the fact that some practical treatment is available in which they can actively participate and feel something is being done, often helps them to accept their burden more easily.

Physical problems are closely linked with psychological problems. The unique co-operation of all those who are concerned with the child's welfare, through the Headmaster of the school, makes it possible to give maximum all round assistance in cases where the need arises. With functional improvement and a sense of achievement confidence is built up.

Therapy is designed so that the children get a great deal of fun with it. Very often a child does not realise that it is receiving treatment at all when it is very young. Only in the later stages, when less play-form and more group activity is introduced, can one reason and explain many things to the child with an enquiring mind.

The timetable is arranged so that education is not interrupted and this has been a difficult task. For a long time there has been sufficient work for another physiotherapist and we hope in the near future that the situation will be eased.

With the new Avenue School wing progressing towards its completion, everyone is looking forward to the hydrotherapy and swimming which will be a valuable addition to present treatments.

I am very grateful to all the staff of the Avenue School for their keen observations and helpful comments without which the treatments could not have been so individually carried out to suit each child.

Many thanks indeed to the school Doctors for their valuable opinions and kind help at all times, and to Mr. M. Squire, orthopaedic surgeon, for his advice and help where surgery, splints, appliances or apparatus are administered with effect. We look forward to the future with great hope and optimism.

Table of Cases Treated during 1965

Physically Handicapped and Delicate and
E.S.N. (Educationally Sub Normal).

	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Cerebral Palsy . . .	10	15	25
Respiratory . . .	3	8	11
Foot, knee and leg . . .	1	6	7
Postural . . .	—	3	3
Dermatomyositis . . .	—	1	1
Old Poliomyelitis . . .	2	2	4
Grafts after burns . . .	—	1	1
Congenital deformity . . .	1	—	1
Undiagnosed encephalopathy . . .	—	1	1
Tumour of brain removed . . .	—	1	1
Supra bulber paresis . . .	—	1	1
Muscular dystrophy . . .	—	1	1
	17	40	57

The above figures include one C.P. boy from the George Palmer Junior School who attends the Partial Hearing Unit and receives treatment at the Avenue School.

School leavers

	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Knee (chondromalacia) . . .	1	—	1
Postural . . .	1	—	1
Congenital talipes . . .	—	1	1
Old poliomyelitis . . .	—	1	1
Knee trouble . . .	—	1	1
	2	3	5

One boy with talipes at Avenue School transferred to L.C.C. Home in 1963. Returned to Avenue School September, 1965 and returned to L.C.C. Home October 1965.

*Transferred**To normal school*

Grafts after burns . . .	1	—	1
Congenital deformity . . .	—	1	1

To Haephaistos School

Muscular dystrophy . . .	1	—	1
Cerebral Palsy . . .	1	—	1
	2	—	2

HEALTH EDUCATION

Miss F. L. Gates, Superintendent Health Visitor, reports:—

The death of Miss M. Webber, Superintendent Health Visitor and School Nurse, on March 22nd, came as a great shock to us all. Those of us who were privileged to work with her, suffered a great personal loss. Her interest in the staff was sincere, and her praise of their successes was spontaneous and unstinted. It was Miss Webber who initiated the Health Education programme in the ante-natal clinics and to the senior girls' schools in Reading, and it is entirely due to her boundless enthusiasm and untiring energy, that it has grown from such a small baby to the flourishing lusty child it is today, and I can think of no more appropriate "memorial" to Miss Molly Webber, than the expansion of this, her especial project.

The continued shortage of Health Visitors has unfortunately limited the amount of expansion that has been possible in this, our most important and far reaching field, but we have nevertheless, increased the depth of some of the subjects and widened the interpretation of others.

For example:

- a. "Prevention of Infection" which used to be an explanation of our Vaccination and Immunisation programme in the field of preventive medicine, now includes "Barrier nursing", to cope with the modern trend of nursing at home children with infectious diseases.
- b. "First Aid", once confined to cuts and bruises and emergency treatment of accidents, now includes more "practical participation" by the class, including artificial respiration, bandaging, temperature reading etc., and in the very near future I am hoping to include a demonstration of "external cardiac" massage.
- c. Most programmes have already and in the near future all programmes will, widen their scope to include human relationships, without which I feel no health education programme is complete.

The question of Sex Education, always a thorny one, is still present in our minds and we are discussing this and deciding on the best method of presentation. Not everyone feels able to do this competently, and unless done well, is best not attempted, but we are gradually introducing this by the showing of the film "Learning to Live", and conducting a discussion afterwards. I think that this might very gradually, but very usefully build up into an important part of our programme.

What I consider a weakness in our health education programme is the postponement of the personal hygiene instruction until the age of 14-15 years. This, in my opinion, is far too late to be of any practical help, and should be inserted into the programme of the Junior school. I have been hoping for this for some time and I am delighted that at last it will be started in one school although no definite arrangements have so far been made. Another school is thinking along the same lines, and has asked our co-operation. I hope that this will develop very quickly.

One Health Visitor was a speaker at the one day conference for School Meals staff held in April, and one Health Visitor was on the panel at the conference held by the Association for the mentally handicapped child, in October. One school has enlisted our co-operation in a new venture—a six weeks intensive programme of "Community Health" including talks by specialist speakers, and visits to the local hospitals, laboratories, etc.

The Avenue School

The Avenue School has continued in the same pattern but this has to be at a much slower pace than can be adopted in the ordinary schools.

Cintra and The Grove

Cintra and The Grove have so far continued on the original syllabus of basic child care, but are going to expand in their future programmes.

**Battle School
Hugh Faringdon
Westwood
Wilson**

These four already include first aid and human relationships in their programmes, and are contemplating further expansions.

Westwood Pre-Nursing Course

This course is adapted from time to time to meet the changes that occur in the nursing field, but basically covers the subjects dealt with in the preliminary training schools.

**Southlands
Alfred Sutton**

This is the pilot scheme of an entirely new venture. It is a programme of two terms duration, jointly undertaken by the Health Department, Teaching staffs and visiting speakers, and terminates in the presentation of a certificate to those who successfully complete the course.

Nursery Nurse Training—Technical College, Reading

Two Health Visitors have given talks on First Aid, Prevention of Accidents, Home Nursing and Childhood Ailments, to the Nursery Nurse Students, and the Domestic Science Students.

Students to the Nursery Nurse Training course have also visited Infant Welfare Clinics and Immunisation Clinics in the Borough.

THE SCHOOL DENTAL SERVICE

In March 1965 Mr. J. Campbell retired from his appointment as Principal Dental Officer, a post which he had held for 28 years. During this time he saw many changes in School Dental work. He retired to his native Scotland, taking with him the gratitude and good wishes of his colleagues for a long and happy retirement.

Mr. D. O. Mallam, L.D.S. was appointed to succeed him as P.D.O. in April 1965.

Mr. Mallam reports:—

Staffing

The School Dental Service is at present staffed by two full-time dental officers, one part-time dental officer working two days a week and a full-time oral hygienist. We are extremely fortunate in having Mr. Harper who specialises in orthodontic treatment and who during the past year has achieved some truly remarkable work in this field.

Mrs. Taylor, our oral hygienist, has made visits to the sector clinics to talk to the mothers of young children on the care of their teeth. In this educational part of our work we have had great help from the Health Visitors.

With the child population of Reading steadily increasing, and a corresponding increase in the amount of dental treatment required, everything possible must be done toward the prevention of dental caries. In this connection it was with disappointment we learned that plans to bring the fluoride content of the local water supply up to the therapeutic level had been rejected.

A new clinic at Southcote with accommodation for two surgeries would be of great benefit as there are already sufficient schools in that area to justify this. Much school time would be saved if the children did not have to make the long journey from Southcote either to Tilehurst or to the Queen's Road clinic as at present.

Inspection

6,126 children were inspected during the year, of which 58% (3,596) were found to require treatment. Those who attended for treatment during the first half of the

year were recalled for re-examination and any necessary further treatment during the latter half.

The following tables supply details of treatment:—

Age Group	Number Treated	Fillings		Extractions		General Anaesthetics	Prophy-lactic Treatment & instruction from Oral Hygienist
		Perman-ent	Decidu-ous	Perman-ent	Decidu-ous		
5-9 yrs.	2271	505	355	65	1127	420	634
10-14 yrs.	2091	2487	41	259	264	145	830
Over 15 yrs.	612	1021	—	133	—	21	110

Amongst all age groups:—

Orthodontic treatment	347 Children
Root Fillings	55 Teeth
Crowns Fitted	28 „
Dentures Fitted	4 children
Dentures repaired	2
Splint Fitted	1

Sessions devoted to dental treatment	1304
„ „ „ „ inspection	16
„ „ „ „ health education	12

INFECTIOUS DISEASES

A table showing the number of children who had notifiable infectious diseases during 1965, appears in the statistical data at the end of this report.

1965 was another “peak” year for measles, when 1,198 cases were reported. The number of children with whooping cough showed a notable decrease, only six cases being notified during the year.

Tuberculosis in Schoolchildren

Four children were notified as cases of pulmonary tuberculosis in 1965. There was no evidence that any of these infections had been acquired at school.

B.C.G. Vaccination

The School Health Service has continued to take part in the scheme to assess the potency of British Freeze-dried B.C.G. Vaccine under the direction of Dr. K. Neville Irvine. We are indebted to him again for his advice and encouragement. During the year 1,448 children of 13 years of age were offered vaccination and 1,111 accepted, an acceptance rate of 76.7%. The table below shows the details of the programme.

No. selected	No. accepted	%	Absent	Skin tested	Pos.	Neg.	Abs.	% Pos.	Received B.C.G.
• 1,448	1,111	76.72	74	1,037	91	882	64	9.35	882

* 13 year olds (i.e. those born in 1951 and 1952, and including absentees from previous years)

Ringworm

There were no cases treated in 1965.

Pediculosis

During the year, 18,455 head inspections were carried out. 231 pupils were found to be infested. This shows an improvement on 1964, when 310 pupils were found to be infested.

DEATHS IN SCHOOLCHILDREN

Six Reading school children died during the year. One boy was killed in a road accident, one boy died as a result of carbon monoxide poisoning, this was self-administered, one boy died as a result of an intracranial neoplasm, one girl died of leukaemia, one girl died in diabetic coma and one boy died following a surgical procedure for congenital heart disease.

SPECIAL CLINICS

Chiropody Clinic

Miss Lockley reports:—

Thirty-seven children received treatment during the year, and a visit was made each term to the Avenue School, as in the past.

I have noticed a great increase in the incidence of onychocryptosis, particularly among teenage boys, obviously as a result of wearing narrow, pointed shoes. Most of the boys will readily admit that their shoes are at fault, but very few seriously consider any advice given in this matter, preferring to suffer, in some cases, acute discomfort, for the sake of fashion.

Enuresis Alarms

Seventeen children were loaned an alarm during the year. On the whole they have been used in selected cases in children of seven years or over and they are usually very useful.

REPORT OF THE SCHOOL MEALS ORGANISER FOR 1965

Mrs. G. E. Cook reports:—

The year 1965 has been a year when once again the number of children having dinner at school has increased, in spite of the fact that no new kitchens have been provided. The meal, which is subsidised to be sold at 1/- to parents, is certainly good value for money, and in actual fact cost 25.14d.

The total number of meals served on a day in September 1965 was 13,645, which is an increase of 706 meals a day over the previous year. The percentage of children taking meals compared with those present was 65.2%, which is an increase of 4.47%.

Comparison for 1964

National average for England & Wales of children taking school meals, as percentage	Average for County Borough in England & Wales	Percentage of children children taking school meals in Reading
62.2%	53.2%	61.73%

In order to accommodate the extra number of children having dinner, classrooms have been used in addition to the dining rooms at Park Lane School Annexe (The Laurels) and at Caversham Park Primary School.

To cook for the additional meals required, a certain amount of extra equipment was purchased and installed during the summer holidays. At the same time some kitchens had their equipment rearranged. This work has proved very successful. It is felt that on the whole the meat received was generally of better quality throughout the year. In the past, when wholesale meat prices have increased, it has sometimes been felt that the quality of the meat supplied was lowered.

Every opportunity has been taken to give as much fruit as the unit cost allows. Salads are now an established part of the diet and served at least once a week.

The annual conference for the School Meals staff was arranged for all members of the Service this year, which meant nearly 600 people attended. The main subject of this conference was "Personal Hygiene", the talk being given by Miss F. L. Gates, Superintendent Health Visitor. In addition, there were talks and demonstrations on "Fire Precautions" and for the cooks and supervisors only, a demonstration on "Cheese Cookery".

Head Teachers and their staff are thanked for their co-operation to ensure the smooth running of the service of the meal, particularly in view of the increased number of children staying to dinner. It has been interesting to see how the Children's Supervisors are used successfully in different schools.

ROAD ACCIDENTS

We are indebted to Mr. A. Iveson, the Chief Constable, for the information upon which the following table and remarks are based.

*Table to Demonstrate the Numbers of Schoolchildren
Injured on the Roads in 1965*

Month	Boys	Girls	Cy- clists	Pedes- trians	Pass- engers	Injury			Total
						Slight	Severe	Fatal	
January	1	3	1	2	1	3	1	—	4
February	4	1	2	3	—	4	1	—	5
March	6	5	3	7	1	10	1	—	11
April	14	8	10	9	3	17	5	—	22
May	10	3	5	8	—	9	4	—	13
June	10	7	12	4	1	13	4	—	17
July	6	7	5	5	3	10	3	—	13
August	8	2	8	1	1	9	1	—	10
September	8	4	2	8	2	8	4	—	12
October	8	4	3	8	1	7	4	1	12
November	5	3	5	3	—	6	2	—	8
December	4	1	—	5	—	4	1	—	5
Totals	84	48	56	63	13	100	31	1	132

For the first time for a number of years there was no increase in the total number of children injured compared with previous years. Nevertheless, there was

one fatality, and the number of severely injured showed a slight increase, 31 as against 29 in 1964.

The following figures indicate the severity, or otherwise, of the accident according to the category of the victim.

Cyclists			Pedestrians		
Slight	Serious	Fatal	Slight	Serious	Fatal
35	18	1	42	24	—

READING EDUCATION COMMITTEE

Physical Education — 1964/65

The Physical Education Organisers report:—

It is pleasing to report that, during the year, there has been a full staff of specialist teachers in our secondary schools. This is indeed unusual so far as women teachers are concerned and may, in some measure, be due to the opportunities now given in Reading to the students from Chelsea College of Physical Education for teaching practice.

The majority of our secondary schools are presenting a wide variety of optional subjects for their older pupils. In certain cases schools have arranged timetables to enable their older children to join those from other schools to form larger groups for certain outdoor pursuits. We believe that this preparation for the purposeful and enjoyable use of leisure time is an important aspect of physical education.

There is a heavier wear and tear on equipment with this organisation but this will be overcome in time when centres for special activities can be established.

Sailing

The provision of the Sailing Centre at Theale has proved to be a most successful venture. The enthusiasm and self-help efforts of the schools and youth groups are encouraging. It is unfortunate that development cannot keep pace with demand; there are large numbers of potential enthusiasts who cannot, as yet, be given the opportunity to join in this activity.

Under the present organisation individual groups from schools or clubs are restricted to using the dinghies they have built or provided. There is no sharing of boats, for obvious reasons. Therefore, while there are 15 craft at the centre they are not, at any time, all available to any one group; some are in use while the others lie idle in the compound. Understandable difficulties arise concerning the supervision of the use of a large fleet of boats; care and maintenance and several other factors.

We suggest that the time is now opportune to consider the appointment of a Warden for the Centre. We have visited other Authorities where this has been done and found that invariably Wardens are recruited from the teaching profession and are made responsible for the development and use of the Centre. All the facilities are placed at their disposal for the use of children and members of youth organisations alike. Under suitable guidance sailing can take a valuable place educationally on the school timetable.

The local planning authority has indicated that in the near future the area of water at Theale will be extensive. It would seem essential that the Committee should establish a Centre before other authorities or private concerns take over.

The Reading Schools Sailing Association has organised an interesting contest in seamanship which will be held in the autumn. Crews from schools and youth clubs will compete for a trophy which has been presented by Mr. J. R. Hall, M.A.

Swimming

In our last report we received support for a request that the Arthur Hill Bath be made available for the exclusive use of schools during certain afternoons when classes were experiencing difficulties with certain other users. Eventually we were granted the concession of exclusive use of the baths but, unfortunately, this was agreed for morning sessions at times when little or no disturbance from the public arose. As a result at present our schools use the baths in the mornings and all classes are withdrawn during the afternoons. Our opportunities for swimming have been reduced by half and, while we have reorganised our lessons to cope with larger numbers, there are many children and schools excluded from the timetable.

The urgency of the need for providing added opportunities for swimming can be seen from the results of the examination of 7,000 junior children and 4,500 secondary children in our schools:

At 8 years of age only 1.2% could swim in deep water

At 11 years of age only 25% could swim in deep water

At 14 years of age only 29.5% could swim in deep water

At 16 years of age only 43% could swim in deep water

Only 9% of the 7,000 juniors (8-11 years) could swim in deep water

Only 33% of the 4,500 secondary children (12-17 years) could swim in deep water

In schools with learners' baths 52% of children aged 11 years could swim in deep water.

While it is appreciated that the new baths will provide additional facilities for swimming we hope that the Arthur Hill Bath will continue to be available for our classes. Indeed, consideration might be given to handing over this bath exclusively for the use of schools and clubs. There is, however, no suggestion here that the schools will not use the new bath; both will be required to meet the increasing demands for places on the timetable.

A new learners' pool has been opened at Coley School and all concerned are to be congratulated on this achievement.

Playing Fields

There is an acute shortage of labour for the maintenance of grounds and, during the year, it has not been possible at any time to operate with a full staff. The new fields at Sutton and St. Anne's are now in use, extra ground has been included at Ridgeway and it is expected that the area in Elgar Road earmarked for Katesgrove Junior will be handed over in the near future. With a depleted staff and additional acreage the Supervisor and the groundsmen are to be congratulated on their efforts.

Dance Festival

This was held at the end of the Spring Term and included demonstrations by 400 junior and secondary children. The items presented showed the wide range and variety of dancing taught in the schools. Four shows were given and attracted audiences of 1,000. We are grateful to all concerned with the preparation and organisation of this event.

It is not intended that this should become an annual festival as the preparation of the various items can readily interfere with and limit the extent of the everyday work in schools.

In conclusion we wish to thank all who have helped us in our work throughout the year and the large number of teachers who gave so much of their time to out-of-school activities and courses.

STATISTICAL DATA

PART I

Medical Inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools).

(A) Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No.	Unsatisfactory No.	For defective vision (excluding squint)	For any of other conditions recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1961 & later	116	116	—	1	7	8
1960	687	687	—	16	73	73
1959	973	973	—	30	138	143
1958	157	157	—	8	27	27
1957	735	735	—	46	88	101
1956	108	108	—	7	13	15
1955	84	84	—	3	7	9
1954	329	329	—	34	16	37
1953	574	574	—	44	31	69
1952	255	255	—	18	26	40
1951	400	400	—	33	20	51
1950 & earlier	935	935	—	52	62	100
Total	5353	5353	—	292	508	673

(B) Other Inspections

Number of Special Inspections	...	...	...	31
Number of Re-inspections	...	...	...	998
			Total	1029

(C) Infestation with Vermin

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	.	.	.	18,455
(b)	Total number of individual pupils found to be infested	.	.	.	231
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	.	.	.	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	.	.	.	—

PART II

Defects found by Periodic and Special Medical Inspections during the year.

(A) Periodic Inspections

Defect or Disease	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	29	33	10	14	14	19	53	66
Eyes— <i>a.</i> Vision	135	91	70	66	87	58	292	215
<i>b.</i> Squint	40	15	3	6	28	15	71	36
<i>c.</i> Other	4	7	2	4	9	6	15	17
Ears— <i>a.</i> Hearing	17	93	1	10	8	22	26	125
<i>b.</i> Otitis Media	14	52	—	5	8	20	22	77
<i>c.</i> Other	—	10	3	4	4	3	7	17
Nose and Throat	58	126	9	14	35	43	102	183
Speech	22	61	1	3	10	16	33	80
Lymphatic Glands	—	12	—	1	—	4	—	17
Heart	1	19	—	10	—	19	1	48
Lungs	4	40	2	14	4	25	10	79
Developmental— <i>a.</i> Hernia	9	3	3	1	3	7	15	11
<i>b.</i> Other	10	44	7	22	3	14	20	80
Orthopaedic— <i>a.</i> Posture	14	13	14	10	2	7	30	30
<i>b.</i> Feet	19	36	4	5	14	11	37	52
<i>c.</i> Other	15	29	7	29	13	23	35	81
Nervous System— <i>a.</i> Epilepsy	3	5	—	1	4	5	7	11
<i>b.</i> Other	1	5	—	—	3	9	4	14
Psychological— <i>a.</i> Development	1	24	—	11	3	61	4	96
<i>b.</i> Stability	1	48	3	7	3	36	7	91
Abdomen	2	12	—	2	3	13	5	27
Other	—	7	2	—	2	9	4	16

(T) = Treatment

(O) = Observation

(B) Special Inspections

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	—	—
Eyes— <i>a.</i> Vision	—	—
<i>b.</i> Squint	—	—
<i>c.</i> Other	—	—
Ears— <i>a.</i> Hearing	—	—
<i>b.</i> Otitis Media	—	—
<i>c.</i> Other	—	—
Nose and Throat	—	—
Speech	—	—
Lymphatic Glands	—	—
Heart	—	—
Lungs	—	—
Developmental— <i>a.</i> Hernia... ..	—	—
<i>b.</i> Other	—	—
Orthopaedic— <i>a.</i> Posture	—	—
<i>b.</i> Feet	—	—
<i>c.</i> Other	—	—
Nervous System— <i>a.</i> Epilepsy	—	—
<i>b.</i> Other	—	—
Psychological— <i>a.</i> Development	—	—
<i>b.</i> Stability	—	1
Abdomen	—	—
Other	—	—

PART III

Treatment of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)

(A) Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint)	1154
Total	1154
Number of pupils for whom spectacles were prescribed ...	318

(B) Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	25
(b) for adenoids and chronic tonsillitis	431
(c) for other nose and throat conditions	41
Received other forms of treatment	12
Total	509
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) In 1965	4
(b) In previous years	76

(C) Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	22
(b) Pupils treated at school for postural defects	—
Total	22

(D) Diseases of the Skin

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	1
Impetigo	52
Other skin diseases	196
Total	249

(E) Child Guidance Treatment

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	131

(F) Speech Therapy

	Number of cases known to have been treated
Pupils treated by speech therapists	307

(G) Other Treatment Given

	Number of cases known to have been treated
(a) Pupils with minor ailments	1163
(b) Pupils who received convalescent treatment under School Health Service arrangements	8
(c) Pupils who received B.C.G. vaccination	882
(d) Other than (a), (b) and (c) above	—
Total	2047

Cases of Infectious Disease in School and Pre-School Children for the year 1965

Disease	At All Ages	Under 1 year	1 and under 3 years	3 and under 5 years	5 and under 10 years	10 and under 15 years
Scarlet Fever... ..	20	1	—	2	13	4
Whooping Cough	6	2	1	2	—	1
Measles	1198	40	344	358	440	16
Acute Pneumonia (Primary or Influenzal) ...	1	—	—	—	—	1
Acute Poliomyelitis (Paralytic) ...	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—
Paratyphoid	—	—	—	—	—	—
Enteric or Typhoid Fever (excluding Paratyphoid) ...	1	—	1	—	—	—
Food Poisoning	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—
Dysentery	13	—	1	5	6	1
Meningococcal Infection	—	—	—	—	—	—
Acute Encephalitis (Infective) ...	—	—	—	—	—	—
Acute Encephalitis (Post-Infectious)	—	—	—	—	—	—
Ophthalmia Neonatorum	1	1	—	—	—	—
Totals	1240	44	347	367	459	23

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